

Hepatitis B (Hep B)

DOSE #	DATE GIVEN	PRODUCT*	PHYSICIAN/CLINIC	NEXT DUE DATE
1				
2				
3				

Diphtheria, Tetanus, Pertussis (DTaP)

DOSE #	DATE GIVEN	PRODUCT*	PHYSICIAN/CLINIC	NEXT DUE DATE
1				
2				
3				
4				
5				

Tetanus, Diphtheria, Pertussis Booster (Td, Tdap)

DATE GIVEN	PRODUCT*	PHYSICIAN/CLINIC	NEXT DUE DATE

Haemophilus influenzae type b (Hib)

DOSE #	DATE GIVEN	PRODUCT*	PHYSICIAN/CLINIC	NEXT DUE DATE
1				
2				
3				
4				

Polio (IPV, OPV)

DOSE #	DATE GIVEN	PRODUCT*	PHYSICIAN/CLINIC	NEXT DUE DATE
1				
2				
3				
4				

Measles, Mumps, Rubella (MMR)

TYPE OF VACCINE	DOSE #	DATE GIVEN	PRODUCT*	PHYSICIAN/CLINIC	NEXT DUE DATE
MMR	1				
MMR	2				
MMR					

*Use the **Product** column to write the name of the vaccine, including combination vaccines. Record combination vaccines in the section for each individual component.

Varicella (chickenpox)

DOSE #	DATE GIVEN	PRODUCT*	PHYSICIAN/CLINIC	NEXT DUE DATE
1				
HISTORY OF CHICKENPOX - DATE:				

Meningococcal (MCV4, MPSV4)

DATE GIVEN	MCV4	MPSV4	PHYSICIAN/CLINIC	NEXT DUE DATE

Pneumococcal (PCV, PPV)

DATE GIVEN	PCV	PPV	PHYSICIAN/CLINIC	NEXT DUE DATE

NOTES and/or Date(s) last entered into the CHILD Profile Immunization Registry:



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Sincerely,
Health Education Resource Exchange Web Team

P R I N T I N G S P E C I F I C A T I O N S

Title: **Official Washington State
Lifetime Immunization Record**

Size: 11 x 5.5

Paper stock: 80# cover white

Ink color: Pantone 347 and Black

Special instructions: Prints 2 sides. Finished job folds to 3.67 x 5.5

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